

\*N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

32814

#### 1. PLACE OF DEATH

County Sundy

Registration District No. 326

Township Tranton

Primary Registration District No. 545-2

City Tranton (No. ....)

File No. 20

Registered No. 69

St. .... Ward

#### 2. FULL NAME

Robert M. Baker

(a) Residence. No. ....

St. ....

Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

#### PERSONAL AND STATISTICAL PARTICULARS

##### 3. SEX

male

##### 4. COLOR OR RACE

white

##### 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

##### 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Willie A Baker

##### 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 19-1866

##### 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. .... or .... min.

67.

4

28

##### 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

farming

(c) Name of employer

##### 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Sundy Co. Missouri

##### 10. NAME OF FATHER

Wesley Baker

##### 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

##### 12. MAIDEN NAME OF MOTHER

Jane Dalley

##### 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

##### 14.

INFORMANT

(Address)

Willie A Baker

Tranton Mo.

##### 15.

FILED

Oct 21, 1933

Anna D. Trice

REGISTRAR

#### MEDICAL CERTIFICATE OF DEATH

##### 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct 17

1933

##### 17.

I HEREBY CERTIFY, That I attended deceased from 10:00 to 10:00, 1933

that I last saw him alive on Oct 17, 1933, and that death occurred, on the date stated above, at 10:00 m.

##### THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Probably Abscess while working alone in corn field.

##### CONTRIBUTORY (SECONDARY)

Admitted high blood pressure

##### 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Herbert G. Fisher

M. D.

County

19 Coroner

(Address) Tranton, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

##### 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

##### DATE OF BURIAL

Perry Cemetery

Oct. 19 1933

##### 20. UNDERTAKER

Bern C. Davis

##### ADDRESS

Tranton Mo.

